b.

ATTACHMENT 2.6-A
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FEBRUARY 1992

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: District of Columbia

#### ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

Condition or Requirement

1920(b)(1) of the Act

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X (3) For a presumptive eligibility for pregnant women only.

Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.

1902(e)(8) and 1905(a) of the Act For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for—

<u>X</u>	12 months
_	6 months

months (no less than 6 months and no more than 12 months)

IN No. 92-1			10/31/91
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TN No. 87-5		 •	

District of Columbia

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Citation

Condition or Requirement

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1902(a)(18) and 1902(f) of the Act 12. Transfer of Resources - Categorically and Nedically Needy, Qualified Nedicare Beneficiaries, and Qualified Disabled and Working Individuals

The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.

Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to ATTACHMENT 2.6-A</u>.

TN No. 91-9
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TN No. 87-5
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Citation

## Condition or Requirement

435.1008

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5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities and intermediate care facilities for the mentally retarded, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.

42 CFR 435.1008 1905(a) of the Act b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.

Fot applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.

433.145 435.604 1912 of the Act

6. Is required, as a condition of eligibility, to assign rights to medical support and to payments for medical care from any third party, to cooperate in obtaining such support and payments, and to cooperate in identifying and providing information to assist in pursuing any liable third party. The assignment of rights obtained from an applicant or recipient is effective only for services that are reimbursed by Medicaid. The requirements of 42 CFR 433.146 through 433.148 are met.

Assignment of rights is automatic because of State

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7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).

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(MB) October 1991

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State/Territory: District of Columbia OMB No.: 0938-

Citation

# Condition or Requirement

6. continued

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in \$1902(1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

Assignment of rights is automatic because of State <u>/</u>/ law.

42 CFR 435.910

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number), except for aliens seeking medical assistance for the treatment of an emergency medical condition under section 1903(v)(2) of the Social Security Act (section 1137(f)).

Approval Date NOV 3 0 1993 TN No. 91-8 Supersedes Effective Date 10/31/91 TN No. 87-5

HCFA ID: 7985E

Citation

## Condition or Requirement

1902(c)(2)

8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Nedicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

1902(e)(10)(A) and (B) of the Act

9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Ned/caid plan.)

Revision: HCFA-PM-91-8 (MB)

October 1991

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State/Territory: District of Columbia No.:

Citation

Condition or Requirement

1906 of the Act 10. Is required to apply for enrollment in an employerbased cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

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District of Columbia Condition or Requirement Citation 8. Post-Fligibility Treatment of Institutionalized 435.725 435.733 individuals The following amounts are deducted from gross income when computing the application of an individual's ar comple's income to the cost of institutional care: 1. Personal Boods Allovance. a. Aged, blind, disabled--Individuals 8.70,00 Couples 3.40,00 Cobples For the following individuals with greater bood-b. AFDC related-60.00 Children 8 60.00 Adules e. Individuals under ego 21 devered in this plan as specified in Sea 8.7. of ATTACHERT 2.2-4. \$ 60.00 2. For maintenance of the non-institutionalised spouse only. The ansunt must be based on a reasonable assessment of most but must bet exceed the highest of --435.725 435.733 SSI level SSP level Medically mosey level Other as follows Fither the applicable nercent described in section; 1924(d) (plu: excess shelter cost(s) or the maximum amount specified in section

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1924(d)(3)(C) as properly adjusted. X

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### Condition or Requirement

3. For children, each family member.

AFDC level

Medically needy level in accordance with MNIL Other as follows

- 4. Amounts for incurred medical expenses not subject to payment by a third party.
  - a. Health insurance premiums, deductibles and co-insurance charges
  - b. Necessary medical or remedial care not covered under the Medicaid plan (Reasonable limits on amounts are described in Supplement 3 to ATTACHOERT 2.6-A.)
- 5. An amount for maintenance of a single individual's home for not longer than 6 months, if a physician has certified he or she is likely to return home within that period.
  - Yes. Amount for maintenance of home sin accordance with MNIL for one.

No.

1902(1) of the Act

6. SSI benefits paid under section 1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital or MT.

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ATTACHMENT 2.6-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: District of Columbia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

Condition or Requirement

42 CFR 435.711 435.721, 435.831

## C. Financial Eligibility

For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.

For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.

Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act-

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